

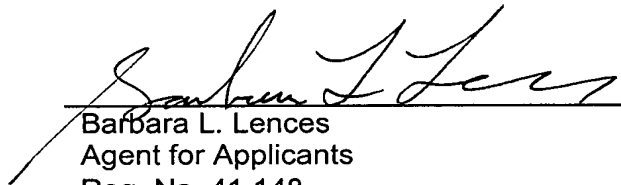
2. Fee calculation

CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS	2	48	0	x \$ 50.00	0.00
INDEPENDENT CLAIMS	2	5	0	x \$ 200.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 360.00	
				Total Amendment Fee:	\$0.00

☒ Please charge Deposit Account No. 01-1425 for: \$0.00

The Commissioner is hereby authorized to charge any additional fees required by this paper, including the enclosed documents, and during the entire pendency of this application and to credit any excess amounts paid to Deposit Account No. 01-1425. A copy of this letter is enclosed for use by the Deposit Account Branch.

Respectfully submitted,


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